

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016330

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2334 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Laurenzana

Frank Paul

FILED MAY 6 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>College Ave Mem. Home</u>		d. STREET ADDRESS (If outside, give location) <u>514 1/2 Main</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>MARION</u> Middle <u>WARREN</u> Last <u>WARREN</u>		4. DATE OF DEATH Month <u>4</u> Day <u>17</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>6-25-1875</u>
9. AGE (last birthday) <u>87</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		11. BIRTHPLACE (City and state or country) <u>St Joseph, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. BIRTHPLACE (City and state or country) <u>St Joseph, Mo.</u>	
13a. FATHER'S NAME <u>John Warren</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Jackson County Welfare KC, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>hypertension</u> DUE TO (c) <u>arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>10 years</u> <u>15 years</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>2:10 pm</u> Month, Day, Year <u>4-17-63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1-2-62</u> to <u>4-17-63</u> and last saw her alive on <u>4-17-63</u> Death occurred at <u>2:10 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Frank Paul Laurenzana MO</u>	
22b. ADDRESS <u>428 S. White Ave</u>		22c. DATE SIGNED <u>4-17-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Anonymous</u>		23b. DATE <u>4-19-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>KC College City & Long</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, MO</u>	
24. FUNERAL DIRECTOR <u>Assantano Bros KC, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-19-63</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

(Licensed Embalmer's Statement on Reverse Side)

4-17-63 2:10 PM

28-08

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. C. Sassantino

Licensed Embalmer No. 4534

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.